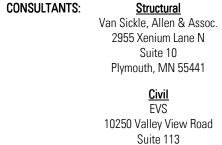




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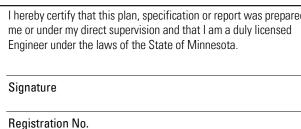




Eden Prairie, MN 55344







11/17/2011

I hereby certify that this plan, specification or report was prepared by

APPROVED: SERVICE LINE DIRECTOR DATE: APPROVED: INFECTION CONTROL NURSE

COMMUNICATIONS ROOM DETAILS LONG TERM/INTERMEDIATE PSYCHIATRIC UNIT

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